THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. XII. TORONTO, MAY, 1916. No. 5

BOOKS FOR THE SICK ROOM

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Among the important subjects which have received little attention in the magazines of the day is that of literature for the sick room. Indeed, so little has been written on this theme that I should feel constrained to compile an anthology for the sick room were it not for my lack of experience with the sick and my ignorance of literature suited to their needs.

But nurses study the preparation of food for their patients. Why should they not with even greater profit inquire into their mental needs? Who shall say how many cures might be effected if only the nurse could prescribe a story for rheumatism, a poem for the gout, a few selected recipes for stomach trouble, or a book of assorted jokes for a complication of diseases.

I know that, despite the warnings of educationists from a pedagogical point of view, a great deal of really constructive advice, including the ten commandments, is given in negative form. This is my excuse for suggesting first of all some characteristics of books to avoid in the sick room. The corresponding virtues to be desired in a book for the sick are strongly implied, in fact almost obvious, and I hope I shall cast no reflection on the intellectuality of nurses when I enumerate them. But it has been sagely said that an ignorance of one's subject has more than once been successfully concealed by a multiplicity of words.

My first thought, a very profound one, is that long books are not suited to the sick room because of the sustained interest they demand. Long books might also suggest a long illness, and that is the very thing a nurse wishes to avoid unless, indeed, the patient is more charming than the average and the credit good. Speaking generally, however, I should not recommend for the sick room such books as "Les Miserables" by Victor Hugo, "The Count of Monte Cristo" by Dumas, a novel by William De Morgan, or a set of his more popular though equally loquacious prototype, Charles Dickens.

Did you ever notice how many people keep two lists of good books they want to read, one containing those they must have right away or sooner, if possible, and the other those they hope to read some day

Address to the Graduate Nurses' Association.

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when they have more time and stronger inclination? On the latter list, occasionally handed in at the library by mistake, I have noted such books as Milton's "Paradise Lost," Darwin's "Descent of Man," Carlyle's "French Revolution," Boswell's "Life of Johnson," "Plutarch's Lives," Goethe's "Faust," and "The Critique of Pure Reason," by Immanuel Kant. If the nurse should find such a list on the patient's person or in the sick room, let her not take it too seriously. The patient has probably been for years looking forward indefinitely to the reading of these books, a purely anticipatory joy that is stimulated by long-deferred procrastination. It is probably an indication not so much of the books he wants to read as of those he wishes devoutly he had read. The very mention of such books might bring on a relapse, though I have heard of cases where high-browed nurses have used such literature to great advantage with easy-going patients to invoking the kind offices of the gentle god Somnus, the giver of solace and pleasant dreams.

There are books, too, of many characters and involved plots that do not find favor with the sick. It is a difficult thing, even in health and soundness of mind, to picture the heroes and heroines of Eugene Sue's "Wandering Jew" in the midst of their countless adventures. There are certain authors who show a tendency to introduce into their stories many characters and trying situations, among others Charles Reade, Marion Crawford, Walter Scott, Bulwer, Lytton, Wilkie Collins, and many other writers of lesser repute. One of the duties of the nurse is to keep the patient quiet. She will not likely succeed in doing it by the use of stories of this variety.

The question, Is the world getting better? is one popular with young debaters. The negative would have a strong argument if they could relate all the stories in which are conspicuous such things as insanity, murder, sex problems, and bloodshed. It would give the best-fed and most optimistic jury an attack of the blues. Care should be taken that those who are not enjoying all the health and vigor of life should not be allowed to let their minds dwell on anything weird or pessimistic in tone. For this reason "Elsie Venner," by Holmes, should be tabooed along with other snake stories of literature such as Coleridge's "Christabel," and "Lamia," by Keats. Rider Haggard's "She," a most stirring, weird and wildly exciting tale, and "The White Hound," by Frances Forbes-Robertson, belong to the same class. Ainsworth's "Old St. Paul's," with its ghastly description of the plague in London, the dead cart, the pest house, the common burial pit, and other terrors is scarcely appropriate. "Frankenstein," by Mary Wollstonecraft Shelley, is a story of unrelieved gloom and has a power of developing the dumps, and "Darkness and Dawn," by Farrar, fairly drips with the blood of its murdered characters. "Anna Karenina" is equally revolting from the sex point of view, depicting, as it

does, the effect upon a high-bred sensitive woman of the violation of the moral code through her abandonment to passion. The domestic problems set us by Henry Ibsen will probably never be satisfactorily answered, certainly never in the sick room, and who cares, anyway, "Whether Nora was justified in her action or not." Every normal girl enjoys spending two or three days in profuse tears over Susan Warner's "Wide, Wide World," for the story of Ellen Montgomery and her trials and tribulations amid sordid surroundings is supposed to be "good for the young," but most people think they have enough real worries of their own when they are sick without borrowing imaginary ones from the tragedies of literature.

There are, no doubt, many other books to avoid in the sick room. They will probably occur to me when I prepare my anthology, but for the present I am ready to turn to the other side of the argument and state what kind of literature I should choose for the sick. My experience has been that a short, optimistic, humorous story of the every-day life of common people, a story with few worries and happy endings, is just the kind of book that is "good for what ails you." Short letters sparkling with wit and cleverness, or story telling, or lyric poems with their charm of rhythm would be appreciated by way of variety.

I was once asked for a story that had not much love and not much adventure, but a little more love than adventure. I think this describes very well the sort of book I should choose for a sick friend. Who wouldn't feel better after a reading of "The Secret Garden," "The Lucky Stone," "The Money Moon," "Widow O'Callaghan's Boys," "Mrs. Wiggs of the Cabbage Patch," "Sowing Seeds in Danny," "Polly of the Hospital Staff," "The Bird's Christmas Carol," "Anne of Green Gables," "Rebecca of Sunnybrook Farm," "Pollyanna," "Little Women," "Sunshine Jane," "Mary Cary," "Tillie, the Mennonite Maid," "The Monkey That Would Not Kill," "Lovey Mary," "Helen's Babies," "Marie Claire," "Round the Corner in Gay Street," "Freckles," "Sunshine Sketches of a Little Town," "Martha by the Day," "The Little Red Chimney," "The Rose-Garden Husband," and many other stories I could mention, written in the same happy, humorous and helpful vein? Such books are refreshing and invigorating. They make life seem worth the living and are splendid exponents of the suggestive rhyme—

> The inner side of every cloud is bright and shining,
> I, therefore, turn my clouds about,
> And always wear them inside out,
> To show the lining.

Among the letters is "The Lady of the Decoration," which tells of the experiences of a kindergarten teacher in Japan. Then there is a series of letters published anonymously, supposed to have been written by a certain Fraulein Schmidt to a Mr. Anstruther, and the

latter's replies are withheld so that the reader may have the pleasure of indulging his imagination. The love letters of Robert and Elizabeth Browning are bright and interesting and afford convenient stopping places when the patient becomes weary.

Poetry is not, as a rule, very popular at any time, but the chief reason for this is probably that most people miss one of its greatest charms that of rhythm, because they do not read it aloud. Among the poems suitable for the sick room are those of Jean Blewett and Eugene Field. Selections from Tennyson could be used, but the heart-rending stories of Enoch Arden and Dora should be avoided. Longfellow's shorter poems are good, but the tale of Evangeline and her long quest is too sad. Wordsworth would appeal to some, but the pitiful story of Michael was never written for the sick room. Ella Wheeler Wilcox would please the invalid, but her best poem, Maurine, demands too much sympathy on the part of the reader to include it in an invalid's library. Plays are not well adapted for reading aloud, but Maeterlinck's "Blue Bird" has in it so many other charms that I cannot refrain from mentioning it in this connection. It is the story of how a little boy and girl sought the blue bird of happiness in the past, present and future worlds, but found it at last in their own humble home.

Very often the nurse is called to a home where Death is expected, and it sometimes falls to her lot to break to the patient the news that his days in this life are numbered and that he must prepare to journey to a far-off, unknown country. Then the thoughts of the patient will naturally turn towards the new life he is to experience. Authors have treated the universal subject of Death and the Future Life in a variety of ways. Maeterlinck's conception is one to be avoided, for he regards Death as an intruder coming by stealth at night to spirit his victim away. Tennyson's view is better in "Crossing the Bar," where he speaks of it as a putting out to sea, followed by a glorious welcome to a future home. Coningsby Dawson, in his recent book entitled "The Unknown Country," gives a very graphic and consoling picture of the life beyond the grave. He describes it as a land of radiant natural beauty, where the sun never sets, a place where we shall meet and know our friends, though every imperfection and sorrow is forgotten, an abode of real life of which this present life is but a shadow, the accomplishment of our fondest hopes. But no author, no matter how gifted his pen, could ever approach the beauty and consoling touch of St. John's vision of Heaven.

"And there shall be no more night, they need no light of lamp neither light of the sun, for the Lord God shall give them light and they shall reign forever and ever. These are they which came out of great tribulation, and have washed their robes and made them white in the blood of the Lamb. They shall hunger no more, neither thirst any more, neither shall the sun strike upon them or any heat. And God shall wipe away all tears from their eyes."

MEDICAL INSPECTION IN BRITISH COLUMBIA.

Vancouver in 1906, with Montreal, was one of the first cities in Canada to begin medical inspection in schools, and British Columbia in 1910 was the first province in Canada to require medical inspection of the pupils, teachers and schools throughout the provincial domain. Vancouver and British Columbia followed the lead of older and more experienced countries where it has been found that medical inspection of schools results in a healthier and a more vigorous, physically and intellectually, race. In most of the European countries, in Argentine, and in Japan, medical inspection of schools has been authorized by the state, and has been made necessary for every school in the state. It is not a law in the United States, but over 400 of her cities have recognized its importance and have adopted it.

How does medical inspection improve the physical condition of the nation ?

(1) By discovering physical defects such as bad eyesight, bad ears, bad teeth, enlarged tonsils and adenoids, lung disease, heart disease, spine disease, etc. These defects have a very unhealthy and a retarding influence on the physical and intellectual growth of the child. If left, the child becomes a physically and intellectually defective adult, but if taken in time and treated, the child is cured, makes rapid physical and educational advancement, and becomes infinitely of greater value to the state.

It is not enough to discover physical or even mental defects, but the parents must be notified and visited and re-visited, the need of treatment being explained and facilities provided for giving treatment to those who are unable to obtain it because of financial distress.

(2) By supervision of school buildings, sanitation, lighting, heating and ventilation.

(3) By the supervision and control of contagious and infectious diseases.

In British Columbia the law requires that every child shall be examined each year, so in Vancouver a staff has been gathered for that purpose, consisting of Dr. F. W. Brydone-Jack, school medical officer; Dr. Belle H. Wilson, assistant medical officer (half time); Miss E. G. Breeze, superintendent of school nurses; and Misses M. A. McLellan, M. Ewart, and A. Jeffers.

The larger schools are visited twice a month by a doctor, and six or eight times a month by a nurse. The smaller schools once a month by the doctor and two to four times a month by the nurse.

In the receiving classes this year we invited the parents to be present. Between 60 and 80 per cent., according to the district, availed themselves of the opportunity and gave us great encouragement and help. We in turn did our best to help them. Since ten

minutes were given to each child, and as thorough an examination as that time would allow was made of the heart, chest, lungs, spine, throat, teeth, nose, glands, and eyes. The heights and weights are taken annually, and the eyesight of all classes except the receiving class is tested annually. No parent of the large percentage present took any exception to the procedure, because the examination was conducted with the greatest privacy possible, and each parent felt that the medical examination had a particular interest for his or her child, and that the examination was being conducted, not because the law demanded it, but because of the benefit it might be to the child.

In the other classes the children are only superficially examined because we would not feel justified in making a more thorough examination without the parent being present. Each child in these classes gets a three-minute examination instead of the ten-minute examination given to the child in the receiving class. Even with such a short time allowance for each child, it was found impossible to examine every child during the past year. In most countries 4,000 children is the usual outside number assigned to any one medical inspector. In Vancouver, Dr. Wilson has at least 5,000, and Dr. Brydone-Jack over 7,000. By this it can easily be seen that Vancouver is not over-staffed in regard to medical inspection of schools.

Whenever a physical defect is found the parents are notified, and if the defect needs attention the parents are visited and revisited. No child need remain sick, diseased or physically defective, because the parents are very poor. During the past year 232 poor children were very carefully examined by different specialists of the city, on the recommendation of the school medical department, and were cured free of charge. Many of the children suffered from eye trouble, ear trouble, adenoids, and tonsils, deformities and other diseases requiring special attention. The children's clinic at the Vancouver General Hospital, presided over by Dr. E. D. Carder, has done a great deal of good work for the needy children of Vancouver.

In regard to dental treatment, we are not so fortunate. Between 80 and 90 per cent. of school children are in need of dental attention. So great is the number that we could not call on the individual dentists to look after needy children, as we have been able to call in the medical men. Whenever there has been a particularly bad case, we have had no difficulty in finding a dentist who would freely and willingly give his time. For several years the dentists have done their best to have a school dental clinic started which could adequately look after the dental treatment of school children. Two years ago the School Board started a dental clinic in a small way, but last summer it was found necessary to temporarily discontinue it. During its time of operation the clinic firmly established its practical value in saving the permanent teeth of the school child, and improving very

materially the affected child's health and its educational progress. The dentist in charge of the work was required to give two and a-half hours three times a week. He had no assistant, and the work he was able to accomplish in the short time at his disposal was very small as compared with the large number of children requiring attention. A properly organized clinic for Vancouver should have at least a full-time dentist with a full-time nurse or helper. The people of Vancouver should show the school trustees that they would receive the support of the voters in re-establishing the dental clinic in an adequate and comprehensive way.

The general supervision and control of infectious disease is under the direction of the assistant city medical health officer, Dr. Carder, but so far as supervision of the schools is concerned, the work is done entirely by the school medical department. The city medical department and the school medical department have the closest co-operation in the supervision and control of infectious diseases. Parents are required to notify the city medical officer and the school whenever a case of infectious disease breaks out in a school child or in a family from which children go to school. When the child has recovered, and wishes to return to school, a certificate must be obtained from the attending doctor and taken to the city hall, where a permit to return to school can then be obtained. Teachers are not permitted to accept the original certificate from the attending doctor, not for any reason which is detrimental to the medical man. If no doctor has been in attendance, then a certificate must be obtained from the school medical officer, at the School Board office, where the child can be examined as to whether there is any possibility of carrying contagion to school. The school medical department is extremely careful in its supervision of the school or classes in which there has been any scarlet fever or diphtheria, small pox, etc. With these diseases we have had very good success in checking infections. With measles, however, we can not be so successful, although much can be done. Measles is very contagious for one, two and sometimes three days before the rash appears. Children coming into contact with a child taking measles the day before the rash appears will in 90 per cent. of cases take the disease between 9 to 14 days afterwards, if they have not had the disease previously. Vancouver has been very free from measles during the past three years, and as a result 50 per cent of the children in the baby classes had never had measles. In a number of these classes a child was in the room the day before the measle rash came out, and in 12 days' time the teacher would find 20 out of a class of 40 down with measles, all taking it within a day or two of each other. (Measles takes 12 days after exposure to infection to develop in the individual). Many times, on being notified that a case of measles existed in a certain family, we have been able to go to the class

attended by the sick child and have sent home, four or five days before the rash appeared, those children who were going to have measles. This we were able to do because of a characteristic appearance of the throat at that period. By sending these children home before they were infectious the disease can be more or less controlled, but in baby classes 90 per cent. of those who have not had measles show the special sign, and invariably take the disease in spite of all that can be done by disinfection, fumigation, supervision, or even camphor bags. The present epidemic of measles will continue till the summer—we will probably have a few more cases next Christmas, and then we will be comparatively free for another two or three years.

When medical inspection of school children revealed so many startling conditions it was soon recognized by the authorities that much valuable time and money was being wasted, by simply sending a note to the parent stating that treatment was required, and making no further effort to see that it was received. In only about 1 per cent. of cases was any attention paid to the note, and medical inspection was therefore falling far short of its object. The medical inspector had no time to follow up cases, and so the call came for school nurses to do this work. At first this was thought to be the principal work for the nurse, and though it still occupies a prominent place—the duties have become many and varied. The result of school nurses' work has been so successful that there is now, though it is only eleven years since the first school nurse was appointed in America, no city or town of any size in Canada or the United States without its staff of school nurses, and many country places are employing a nurse for a group of schools.

The schools are divided into groups and a nurse assigned to each group—the number of schools in each group varying according to the size of the schools and the character of the school districts. The work in the schools situated in the better districts, with children attending from homes where living conditions are good and home care intelligent, is largely a matter of routine care for cleanliness and skin disease, but in our schools in the poorer, crowded districts with a larger foreign population conditions are very different. In one school with an enrollment of 640 we have only 288 English speaking children, the remaining 352 among twenty different nationalities. People with no idea of proper methods of living, no knowledge of hygiene or sanitation—lax in a thousand ways where they should be firm, and usually almost unchangeable in their antipathy for soap and water and fresh air. To this school come the children from the crowded, sunless rooms or blocks and tenements, almost devoid of sanitary arrangements, sleeping often four or five in a small room with a fixed skylight, allowing no entry of fresh air, or a "fine" sleeping place is found for the children in the cupboards so commonly arranged under stairways. Other home condi-

tions, clothing and food are on a par with the sleeping quarters. It is among children coming from houses such as these, where fresh air is considered a menace, where a bath is a luxury, never to be indulged in during cold weather, and a toothbrush an unknown commodity, that real work for the school nurse lies, for it takes a tremendous amount of persuasion and patience and tact to change the habits of a lifetime and to overcome superstitions that have been long handed down from father to son, and we realize that it is only by gaining the co-operation of the children that we can hope to improve these conditions.

Nine o'clock finds the nurse in her first school for the day and ready for the school clinic, which is her first duty. The office equipment is small, only the simplest drugs and dressings being kept on hand. All skin disease occurring in children whose parents are financially unable to consult a physician are treated in the clinic, also all minor injuries—and cases referred by the school medical officer for treatment of discharging ears, sores, inflamed eyelids, etc., and to this office also come the mothers to consult the nurse on various questions of hygiene and different ailments of the children, and often because they need a friend to give a helping hand in time of financial stress. It has been our aim during the few years that school nurses have been working in Vancouver to make both parents and children feel that the nurse is their friend and that they are free to come and consult her at any time. Every child knows that if there is any trouble from a cut finger to no funds for shoes in the family treasury that the nurse is the one to see. The work is not lacking in variety, and the nurse must be ready at any time to fill the role of doctor, dentist, nurse, bath attendant, teacher, attendance officer, stern admonisher or sympathetic friend at a moment's notice. The children love to come to the nurse's office, and will invent any excuse to get there from a minute scratch on the thumb, which they are sure will become a very serious matter if not attended to by her, to the necessity of informing her that the stork has left a new baby at their home.

Clinic over and the office empty, the nurse proceeds to her classroom inspection. Every child is inspected once monthly for cleanliness and skin disease. This is very quickly done and requires about twenty minutes to each classroom. The children are trained in the routine and prepare for it by unfastening their collars and rolling up their sleeves. The boys and girls are taken separately into the cloakroom, where they pass one by one before the nurse, holding out their hands as they do so, pausing an instant and holding dresses away from neck and chest that any uncleanliness of clothing or skin or rash may be detected, opening the mouth for an inspection of the teeth and throat and finally an examination of the head for verminous conditions. Children suffering from skin troubles or uncleanliness are obliged to report to the nurse at stated intervals until discharged in a satisfactory condition. This

monthly inspection, though superficial, is of immense value in the way of cleanliness and in the control of infectious diseases. The conditions of the schools have improved wonderfully under this method. The children crave the good opinion of the nurse, and if they can help it, will not be caught with dirty hands, face, or teeth. Many teeth are surreptitiously scrubbed with a handkerchief when the nurse appears and a wild waving of hands usually means requests to wash before their turn comes to see the nurse. Short health talks are given by the nurse to each class on such subjects as fresh air, the value of open windows, the proper method of brushing the teeth, oral hygiene, care of the skin and similar topics. Sometimes these talks are given to the class and sometimes are of a more personal character, as occasion demands. We have found competition a great help in forming habits of cleanliness, and various plans have been followed to stimulate interest. For example, in some of our classrooms each row in which every child has clean hands and face and has cleaned their teeth before coming to school is decorated with a flag, and woe betide the delinquent whose neglect loses the flag for his row. He is an unhappy boy until noon gives him his opportunity, and the afternoon finds him re-installed in favor. Stars and pennants are also used in the same way, and this fall the cleanest class in each school was photographed.

For some time we struggled over the family toothbrush proposition and had great trouble in persuading many that it was not done in the best families. Often it reduced itself to a question of finance, and as a toothbrush for each member of the family was often beyond the family means, the School Board provided brushes for the nurses to distribute among the children at their discretion. A marked instance of this necessity was emphatically demonstrated one morning in one of our schools, when the teacher asked why one of the boys had not cleaned his teeth that morning, and the reply was: "Please, our boarders left."

The home visiting or "follow up" work is an important feature. With the school medical inspector rests the responsibility of the examination of the child and the detection and diagnosis of defects, but it is the nurse that is responsible for securing the treatment for them. All cases referred for treatment by the school medical officer are visited, the condition explained and the necessity for treatment urged. It is always advised to consult the family physician. Often many calls and much patience are required before the result is obtained. Where the family is financially unable to go to their own physician, the child is sent to the children's clinic at the Vancouver General Hospital, or arrangements are made with a specialist for the care required. It is the nurse's duty, where one of the family cannot do so, to escort the child to the clinic or specialist. In school nursing, as in any other business of life, we are looking for results, and we find this method of home visiting most productive.

It is a splendid thing to provide a competent staff of teachers, fine buildings and grounds, adequate equipment and healthful surroundings, but to obtain from all this the highest efficiency we must look to the physical fitness of our pupils. We cannot expect the highest results from children under-nourished and anaemic from poor food, dull, heavy and stupid from lack of fresh air, or diseased tonsils and adenoids, inattentive because of impaired hearing or defective vision..

These are the conditions that the school nurses are working to improve. In their talks to the classes, through the home visiting and in their daily intercourse with children and parents. The work is not temporary in character, not only an aim to correct present physical defects and time them over their school days. School nursing and medical inspection would be only partially successful if present needs only were kept in mind. We are building on the future, laying a foundation for the health and usefulness of our future citizens, and with this ideal before them the school nurses go out day by day to their varied duties, knowing that they are building for the future and that the greatest test of their efficiency lies in the attitude which they are able to create in the child itself towards health and wholesome living.

1915 REPORT OF MARY LOTT LYLES HOSPITAL, MADANAPAELE, INDIA

The kaleidoscope has again changed for us many times within the past year. Owing to reasons of health, Dr. Hart left for her furlough in March and Dr. Cook arrived to take her place. The latter again left in the latter part of September for her home in Scotland, to return in January of 1916 if all is well. In the meantime Dr. Witney, from the London Mission, has graciously come to our aid for the months of October and November and up to the middle of December; and now since Miss Nathaniel, our former apothecary, has written that she will try to arrange to come to us for her holiday month, it will be another little lift on the way to Dr. Cook's return, and we are breathing easier again.

The work in the hospital has gone on much the same. The number of in-patients has been practically the same as last year, but the number of out-patients has increased by 4,000. Taking the work as a whole, we may say that it has progressed in many ways. The people know us better than before and are more willing to bring their sick not alone, but to pay for them as well. We are trying hard to make them understand that although the people of America are doing so much for them it is incumbent upon them also to do something for themselves. It is so natural for them to want to get everything for nothing, but I think they are really beginning to appreciate the hospital more, the more we expect them to pay for their drugs and treatment

when they are in a position to do so. It is quite beyond their comprehension that anyone should care to give anything away if it is of value.

When a patient leaves the hospital the mode of procedure may be on this wise: There will be a presentation of a tray containing beetle-nut, rock-candy, plantains or other fruit—few or many, as the case may be. This will be given with many salaams, and we, of course, should be correspondingly polite and grateful; but experience has taught us to be wary and we peer a little closer at the tray to see how large is the little pile of rupees that may be reposing under the leaves of the beetle-nut. If it is the average kind of patient the pile will probably be considerably smaller than you had expected it would be, or than the amount that you had told them to bring. And again, if you are experienced in the ways of the land, you will shake your head and refuse to accept anything in a way rude, indeed, to the uninitiated. The patient's relatives will wring their hands tragically and tell you how poor they are. As you continue stern and unbending the chief man of the family will dive down somewhere into the folds of his garments and produce a few more coins; but the number is still insufficient and not in accordance with what you have long since told him would be the amount of his bill. The recovered patient again makes many profound salaams, but begs you to have mercy upon the poor. Have they not already presented you with a sheep "with which to be joyful," then why do you still need more money? (The sheep is worth about three rupees while the balance of your bill is still twenty.) The patient was a tetanus case and anti-tetanus serum was used at Rs. 6.0.0 a dose, besides many other drugs. You remind them of all this carefully in detail. After having done so, not once, but many times, the head man will again make another dive and produce a little more filthy lucre to add to your pile. You have had positive information from the little, old hospital peon, who stands meekly in one corner, never saying a word, that these people are rich and well able to pay. Then, as they produce bottles of generous size for "mundhu" (medicine), to carry away with them when they go to their distant village, you rise to leave with great apparent indignation and tell them that not one drop will you give them until every last piece is paid. Then they implore you with many salaams to return to your seat, saying that if you will only give "good medicine" they will pay all at once, which they then proceed to do, and which they really came prepared to do in the first place; but it goes against their grain to give out such a lot of perfectly good money all at once without making some effort to retain all they can of it. This is quite the usual way in which our bills are paid.

Sometimes, however, we have patients whom it is a joy to welcome and who give us no trouble, but pay their bills gladly, fully appreciating all that has been done for them. To this class belonged Rama and his people. Rama was a little fellow, about eight years old. He was

brought in in a very serious condition of typhoid and pneumonia and later he also developed malarial symptoms. He was such a frail child and his condition so grave that we put him into one of our private rooms in order to keep him as quiet as possible, although his people told us at once that they could not afford to pay more than ward rates. For many days he lingered between life and death, and oft the night nurse came with the note of alarm that Rama was in a state of collapse, but gradually the fever left him and at last he was steadily and surely on the mend. The first days when he was so very ill the whole family used to come and sleep on the little side porch off his room. They were nice people, of the goldsmith's caste, and never made us any trouble, but they were always happier when they were near. They never objected to anything we did for him and were most careful in carrying out all our instructions regarding him. We ordinarily give diet to our patients until they are well enough to be on semi-fluid diet at least, and after that the relatives usually supply the food; all of which considerably simplifies the food problem in this land, where caste presents so many obstacles. Simplifies it for the hospital at least, but makes it considerably more difficult for the relatives of the patients, who must sometimes carry it long distances. Sometimes, too, they beg to be allowed to do their cooking in some secluded corner of the compound, but we prefer to have them use our caste kitchens or chutram for that purpose. But to return to Rama. It was a glad day when he was well enough to sit up in our wheel-chair and be wheeled out on the sunny verandah. He was a delicate little chap with a mass of dark curls and the sunniest of smiles and we had all grown very fond of him. When he was almost well they begged to be allowed to take him home to celebrate a very important feast (there seems to be any amount of these), a feast which occurred only once in three years, they said, but the doctor gravely shook his head and said: "Not for another week." Then it was their turn to look grave, but they said nothing more, although the mother and grandmother had begged very hard just a little before. It is usually the women who beg off for things like this, while many a time the men will say: "Do not listen to the women, but keep the patient as long as you think best." When the doctor did give permission to take Rama home they left him in three days longer because it was not an auspicious day. It is surprising how much weight they place on this—"the auspicious day or hour."

A few weeks ago the only daughter of one of the most progressive and influential men in the town; in fact, the only young lady student at The Theosophist College here, was admitted as a patient. When she came to the hospital she took great care to come in only between the hours of two and four in the afternoon because that was the most auspicious time for her. When she left she likewise arose at an early

hour in the morning because she must, without fail, be at home before the clock struck the hour of seven. So strong is the hold of superstition upon even the most enlightened minds of the people.

When Miss Drury returned from Madras to resume her duties at the school Mrs. Gnanamoni found that she would be able to carry out a long-cherished plan—that of doing volunteer evangelistic work at the hospital. She said she had long had this in mind and that she would be happy to do it in memory of her husband, Dr. Gnanamoni, who had always taken such pleasure in it. We welcomed the suggestion with joy, as we have had no special evangelistic worker since our little nurse evangelist left us. Now Mrs. Gnanamoni drops in, as her duties allow her to talk to the patients. One day it may be with Ammakootie, the sweet, patient, little, twelve-year-old, Brahmin girlie with the deformed spine. She comes from good family and has a bright expressive face and even knows a little English. She occupies a bed at one corner of the sunny verandah, because the fresh outside air is good for her. She also has the little private room in the corner near her bed where she takes her food, because she is a Brahmin and no profane eye must rest upon her when she is thus engaged. In spite of her deformity she always has a ready smile for everyone and she is a general favorite with all the patients. When Mrs. Gnanamoni comes to tell her the stories and to show her the pictures in the Child's Bible Story Books in her bright, winning way, little Ammakootie is more than willing to listen. And so also are Rama and Musthan Sahib. The latter is a little Mahommedan boy. He, too, was brought in in a very critical condition of typhoid and malaria and was quite as ill as was Rama and much like him in many ways. He was violently delirious at first and we told his people we feared for his life. But they said: "He is yours, not ours. We lay him at your feet." They were poor people, and the brother said: "Have mercy upon us and cure him and we will give you three rupees." We knew they were really poor and so we said: "Bring one rupee and we will do our best for you and God will do the rest." The man brought his one rupee, and in time Musthan Sahib recovered, and his little face was wreathed in smiles every time we passed him in the ward. He and Rama both declare that they are going to the Mission School to study when they are well and I am sure they will not forget their promise nor the hospital. The whole families were so grateful. Rama had quite a reception the day he left. First he came to the bungalow to present us with limes, garlands, and a tray containing plantains and other fruit, and rupees (twenty-four) reposing behind the beetle-nut leaves. After that he returned to the hospital and sat in state with a huge tray before him containing numerous little parcels of native sweets and beetle-nut, which he doled out with a generous hand to all the nurses and other hospital attaches and to all who had done anything for him. When Musthan Sahib left

I am sure his family, too, would gladly have shown their gratitude even as Rama's family had done, but though their gifts were necessarily fewer their appreciation was none the less sincere, and reposing among the beetle-leaves were the remaining two rupees they had promised to give if Musthan Sahib recovered. These are the refreshing cases that come to us occasionally, and they are like the bits of green in the desert which well repay the workers for the places that are sometimes barren and dry.

About a month or more ago one of our catechists brought in his wife in an unconscious condition. Her case was a peculiar one, and its diagnosis puzzled the doctor. She was in the hospital about a month in all when she died, never once having recovered consciousness. Whether it was a case of meningitis or one of native drugs we have not yet been able to decide. The man was left with a family of six children, the youngest a babe of five months, and when we offered to take the little one as one of our hospital orphans he gratefully accepted the offer, and the fat, little, smiling, gurgling, baby boy was promptly handed over. Before the mother's quiet form was borne away her baby had found a place in the hearts of the nurses and of little Ruth, who hailed the newcomer with delight.

Another serious case in the hospital just now is Errema. She had come several "amedas" (an ameda is eight miles) distance in an ox-cart and was in a state of collapse when they brought her in. At first we told the family that we feared the case was hopeless and that they might as well take her away, as she would probably die anyway. They decided to leave her, however, and she still lives and promises to keep on doing so, although her recovery will undoubtedly be tedious. The relatives, seeing her so much better but still in a helpless condition, are becoming restless and think that perhaps we are not doing our best for her; and they follow us about and try to explain to us again and again that they are poor and that we are putting them to a great deal of expense by keeping them here so long, and that we must give good medicine and cure her at once. If they will only leave her with us long enough she will get well, we doubt not; but if they suddenly become impatient and carry her off to-morrow, all will probably be in vain and she will die. It requires so much patience to make these cases understand, and the poor people, especially, cannot quite comprehend the fact that we will labor over a case unable to pay with exactly the same zeal as we do over the ones who are paying us. But they are learning that this is true, neyertheless, and they are trusting us, as in the case of Musthan Sahib.

One day Mrs. Gnanamoni was telling Errema the story of the sinner's redemption through Christ, showing her the picture roll as she talked. Errema said: "Yes, I, too, am like the sinner. I, too, have sinned. Please hang the picture there where I can see it to-day." Possibly

that although Errema's physical recovery may be tedious, it may be but a blessing in disguise, bringing to her a new life that shall never die. Would that it might be so! I often wonder how much they are able to grasp of what is told them, but that is not for us to decide. It is only ours to sow the seed and leave the result to the great Harvester.

The nursing staff has undergone some changes since last year. The three seniors have creditably passed their examinations, all being fortunate enough to acquire distinction in some subjects. At present one of them is in charge of the nursing in the Women's Department at The Tuberculosis Sanatorium here. A second is assisting Dr. MacPhail in her Mission Hospital at Conjeveram; and the third has just finished a case with the Punganur Rajah. Our present senior class again numbers three and the junior class five nurses. All have taken up their duties with interest and enthusiasm and are working well. Of course, they require constant supervision and make frequent mistakes, but, on the whole, they are trying hard and are in love with their work. They gain the confidence and affection of the people and are frequently invited to the homes of former patients and offered some little treat.

One of our number, who, by her winning ways, had won all our hearts, little Elizabeth Lott Lyles, was called away by death in August. An attack of dysentery laid her low and in spite of all that we could do for her she gradually grew weaker and finally succumbed to the disease.

We have a new addition to our forces in the person of the little, old, Mahrati peon. He proudly wears his badge and helps us to collect the annas and pice. Does he not know all the families in the town and in the many villages about, and is he not in position to tell us just who can pay and who cannot? He also acts as escort to our nurses when we send them on cases, as a young woman in this country could not be sent out alone.

Several times during the year the Punganur Rajah has sent in for medical assistance for some member of his family. Usually the motor is sent in for us, which rapidly carries us over the distance of 16 miles, and at such times we feel that we are almost as grand as our friends at home, and it makes us realize what a boon a good motor is. To be sure it did break down with us once, and we were stranded for a full hour by the roadside. Another time—not very long ago—it steamed in at 2 o'clock in the morning, and bore away the doctor and a nurse to attend to the needs of the youngest member of the Rajah's family, who had suddenly taken ill with spasms. The doctor returned at six in the morning, leaving the nurse in attendance for a few days longer.

Slowly but surely the hospital is winning its way into the hearts and homes of the people, and many times our hearts are touched by the sad things that are brought to our attention. For instance, here is M., an intelligent young Brahmin woman, apparently in good circum-

stances. Only a few short months ago she came to the doctor, begging her to give her poison because her mother-in-law and her husband were in league against her. It was a difficult situation, and there seemed to be but one thing for us to do and that was for us to call on M. and show her husband that we took a personal interest in her. This we did and I think it had some effect, as she seemed happier in her home life later on.

Another pathetic case was Adhiamma. She was brought in by her father—an old Brahmin—in a speechless condition. This, too, was a case of poisoning. She was utterly exhausted and her throat and whole digestive tract were so badly inflamed that it was impossible for her to swallow. In time she recovered sufficiently to be able to take food, but her mind was gone, and in this condition we were obliged to discharge her. They told us that her husband was of the worthless sort and that her life had been a most unhappy one. The relatives knew that the man was worthless at the time that they married Adhiamma to him, but "there were no other suitable male relatives in their caste for her to be married to," they said, and as she was getting beyond the marriageable age they had forced her into this rather than have the family disgraced by having her unmarried. Looking at the poor miserable wreck of a woman she had become, I wondered if they were satisfied that they had done their duty by her! And still so strong is their devotion to caste that they would undoubtedly repeat the whole miserable experience again if occasion demanded.

Among our patients recently was another young Brahmin woman, who has been well educated and who speaks English well. Her husbank likewise is a fine man, well educated, and holding an important Government position. They have four children, some of whom attend our Mission School. The eldest child is only about seven years old, but the mother is already beginning to worry about the fact that these babes must soon be married, in accordance with their Brahmin customs. The husband's mother is growing old and her dearest wish is to see all these grandchildren married before her decease. "If you love me let them be married and I shall be happy," she says. "If not"—the little mother did not say any more, but I suppose that for such a lack of filial devotion the curse would rest upon a family ever after. Thus, the parents are torn between two conflicting emotions—their duty, as they see it, towards their parent, and their duty towards their children.

It is ours to help them all we can to break down the barriers of Caste, and to show them, if possible, the way to the true life which God would give to each one of us; a life which has its foundation in Jesus Christ and which has in it no room for the evils which bind the people of India, freed from all shackles of Caste, Superstition and Idolatry.

JOSEPHINE V. TE WINKEL.

THE PINES' LULLABY

By Elsie C. Taber

Watching the pines and the birches,
I lie in my hospital cot,
While the busy world moves 'round me—
I lie, as if heeding it not.

I watch the wind in the branches
Waving the birchen trees,
And my mind is soothed by their unrest,
For my thoughts come only to tease.

But beside the restless birches
Stand the calmer, sturdier pines,
And I gather strength as I watch them stand,
And they sing to me these lines:

"Little one, fragile one, lying low,
Come rock in my arms, as my branches blow;
Restless one, weary one, go to sleep
And leave all your burdens for God to keep!"

So the birches toss and the green pines swing,
As I lie on my cot, and the pines' song sing,
For I know my God doth His loved ones keep,
So I'm softly—sweetly—going—to—sleep!

PROGRAMME

June 13th

9.30 a.m.—Executive meeting Superintendents' Society.
10.30 a.m.—Executive meeting Canadian National Association.
11.30 a.m.—Joint Executive meeting of both Societies.
2.00 p.m.—Registration of members and delegates.
2.30 p.m.—Joint meeting of both Societies. Invocation. Addresses. Replies to addresses of welcome by representatives from each Society. One or two papers of general interest. (One on "The Doctor as a Factor in Nursing Education," provided for.) One other also provided for.

June 14th

Superintendents' Society.

10.00 a.m.—President's address. Minutes of Executive meetings. Minutes of last Annual Meeting. Report of Secretary. Report of

Treasurers. Reports of Committees. General business. Nomination of officers.

2.00 p.m.—Call to order. Four papers. Discussion. Round table.

June 15th

10.00 a.m.—Call to order. Election of officers. Unfinished business. Motions of thanks, etc. Two to four papers. Discussion.

MRS. R. BRYCE BROWN

Mrs. R. Bryce Brown (Miss Scharley Wright), President of the Canadian National Association of Trained Nurses, is a graduate of the Farrand Training School in connection with the Harper Hospital, Detroit, Michigan (1904). After holding several positions, Miss Wright introduced school nursing in New Westminster, and up to her marriage in December 1915, had charge of the work.

She is President of the Graduate Nurses' Association of British Columbia, and has always been interested in all public matters related to nursing.

THE HAVEN OF DELIGHTFUL OPPORTUNITIES

How often in this busy work-a-day world, in the strenuous life we live, comes a time when the realization is borne in upon us that we are not machines, mere automatons, but creatures with souls and spirits, demanding release and freedom from the hum-drum monotony forced upon us by circumstance. We cry out for rest and change, for diversion and recreation. We long to fling aside cares and wearying routine. To be free and seek peace with one's self and the world. But the problems ever confronting us have been so difficult and the solution never quite satisfying, until we have almost despaired.

Welcome indeed will be the good news to those of us who have sought long, and to those who have felt the need, that at last a place has been found which so delightfully fulfills all requirements. It is easy to get to, easy to belong to, within reach of the moderate pocket-book, and charming in every essential detail. A place where one may do just as one pleases; the greatest blessing to one eternally confronted by obedience to duties and to hours.

Let me introduce you to the Haven Country Club, at Nyack-on-Hudson, as an admirably located and efficiently managed club for professional or other self-supporting women. The club is unique in many respects and worthy of praise in all. It is situated 300 feet above the Hudson, commanding a magnificent view up and down and across the river at its widest part, Tappan Zee Bay, with a clear stretch of rolling hill country at the back. The house, surrounded by four acres of ground, is an old residence, impressive in its dignity, hospitality and spaciousness. It is thoroughly equipped with every modern convenience, lighted by electricity and heated by hot water and open fires. The broad verandahs on the first and second floors completely encircle the house and are furnished with Gloucester hammocks and steamer chairs, supplied with warm rugs in winter, thus enabling one to enjoy the outdoor sunshine to the fullest extent.

The table, which is abundant and temptingly delicious, is supplied with fresh vegetables and fruit from the club's garden at the rear of the house, and with milk and cream from the club's Jersey cows. Special diets may be arranged for those desiring them.

Perhaps the most important asset of the club is that one which baffles description, and which one must feel in order to appreciate. It is the rare atmosphere of charm which is its very soul.

There is opportunity for interchange of ideas with women who are really doing things in their various professions, or if one prefers seclusion there is the chance for quiet rest or reading. If one desires outdoor recreation there is always plenty to do. The clay-filled tennis court and croquet grounds, the boating and motoring in summer are sure to find devotees; and the skating, skeeing, coasting and sleighing in the winter months are very much enjoyed. At all seasons there are delightful and interesting drives and cross-country walks.

Nyack-on-Hudson is only thirty miles from New York City, on the Erie Railroad, and the club is ten minutes' walk from the station, so the trip is easily made and inexpensive.

The active membership is open to professional and other women who are self-supporting; those engaged in voluntary charitable work, and students, upon the presentation of two satisfactory credentials and the payment of an initiation fee of one dollar and a dollar a year dues.

Women interested in the objects of the club and not eligible for active membership may become associate members upon the payment of five dollars fee and five dollars a year dues.

Colleges, training schools for nurses, and other student bodies may become organization members; fee ten dollars and dues ten dollars.

The privileges of the club are extended for one visit to all who are interested. Members are welcome for an unlimited number of visits and may send guests to the club without accompanying them. The reasonable rates, easy accessibility and many advantages help to make the Haven Country Club fill a long-felt want and accomplish its splendid purpose.

A. MAXWELL.

Miss Helen Randal.

Miss Helen Randal, President of the Canadian Society of Superintendents of Training Schools for Nurses, graduated from the Royal Victoria Hospital, Montreal (1903).

She was Superintendent of Nurses in several hospitals in the United States, and has been for the past four years Superintendent of Nurses of the Vancouver General Hospital, Vancouver, B.C.

Editorial

THE CONVENTION IN WINNIPEG

Now that the convention is so near, all the Associations will be completing their arrangements for sending their delegates. The programme outlined should prove of general interest. The important business which comes up for discussion and decision at this convention makes it impossible to have many papers. But usually there are so many papers that the time left for discussion is nil, which is decidedly a disadvantage, for the discussion is, as a rule, of the greatest general benefit.

The nurses of Winnipeg are enthusiastic about the convention and are very busy making ready for their guests.

The Royal Alexandra Hotel is to be the headquarters, the large convention hall having been placed at the disposal of the nurses. The rates are as follows: Room with bath for one, $2.50 per day; room with bath for two, $2.00 per day; room without bath for one, $1.50 per day; room without bath for two, $1.25 per day. The hotel is on the European plan and meals will be arranged at $2.50 per day, special menu.

Mrs. Moody, Convener of Arrangements Committee, will be able to furnish information about other accommodation to the nurses on arrival.

A feature of the annual meeting of the Canadian Society of Superintendents will be "A Round Table Conference," conducted by Miss Elizabeth G. Flaws, Superintendent of the Wellesley Hospital, Toronto. Superintendents of Schools for Nurses are cordially invited to send Miss Flaws, at the above address, before June 1st, any question arising in hospital or training school administration which they wish discussed. This conference should prove of great benefit to all. It is not necessary to be a member of the Association. All Superintendents of Nurses are urged to send questions and take part in the discussion.

The annual meeting of the Canadian Society of Superintendents of Training Schools for Nurses is being held in Winnipeg, June 13th and 14th, and the annual meeting of the Canadian National Association of Trained Nurses is being held on the two days following, June 15th and 16th. Special transportation arrangements have been made, and the delegates and members attending are requested to read carefully the following instructions and avoid complications.

1. Purchase single ticket only to Winnipeg.

2. Ticket for going trip must be purchased three days (Sundays excluded) prior to the opening date of meeting. Therefore all tickets must be purchased before the night of Thursday, June 8th.

3. When purchasing ticket secure from ticket agent a standard

certificate form. All ticket agents are instructed to issue these standard certificates on request. Unless this form is secured when ticket is purchased no reduction will be granted on the return fare.

4. There will be no reduction granted for sleeping car accommodation.

5. Tickets may be purchased from any of the following railroads: Canadian Pacific Railway, Canadian Northern Railway, Grand Trunk Pacific Railway.

6. The reduction in the return fare is in proportion to the number of delegates holding the standard certificates, and it is impossible to give any definite information on this point until the convention opens.

7. Where delegates have to travel over more than one railway to reach Winnipeg they will require to purchase tickets and obtain certificates from each railway, unless otherwise arranged for and the issue of through tickets authorized.

THE FRENCH FLAG NURSING CORPS

The War Committee of the Canadian National Association of Trained Nurses has selected six more nurses to serve in this Corps—Misses S. B. Jackson, Ferne Crysler, Ruth Craig and Anna Gardiner, of Toronto Western Hospital; Miss Florence Irwin, Rochester General Hospital; Miss Sarah Cameron, St. Luke's Hospital, New York. The committee is deeply indebted to Mrs. H. D. Warren, Toronto, who handed the Treasurer a cheque for $1,800.00 to finance the unit.

The Committee is also very grateful to Mr. Seitz, of the Underwood Typewriter Company, who has been having all the letters typed free of charge. This has meant much to the Secretary, for the correspondence is heavy.

The Committee has also selected the following nurses, who are going to the Queen's Canadian Hospital at Shorncliffe, England: Miss Marion Ross, Hamilton City Hospital; Miss Bertha Carveth, Homeopathic Hospital, Rochester, N.Y.; Misses Jessie Wilson and Jean Bryce, Riverdale Hospital, Toronto, P.G. Women's Hospital, Detroit.

All these nurses will sail in May and the best wishes of the Committee and of the National Association follow them.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Miss Kate Madden, Supt. of Nurses, City Hospital, Hamilton; First Vice-President, Mrs. W. S. Tilley, Brantford; Second Vice-President, Miss Kate Mathieson, Supt. Riverdale Hospital, Toronto; Recording Secretary, Miss E. McP. Dickson, Supt. of Nurses, Toronto Free Hospital for Consumptives, Weston; Corresponding Secretary, Miss Isabel Laidlaw, 137 Catherine St. N., Hamilton; Treasurer, Miss E. J. Jamieson, 23 Woodlawn Ave E., Toronto.

Directors: Jessie Cooper, Ina F. Pringle, J. G. McNeill, J. O'Connor, E. H. Dyke, L. M. Teeter, M. J. Allan, M. L. Anderson, S. B. Jackson, Isabel R. Sloane, and G. Burke, Toronto; Mrs. Reynolds, Miss Simons, Hamilton; Bertha Mowry, Peterboro; C. Milton, Kingston.

The regular monthly meeting of the Executive of the Graduate Nurses' Association of Ontario was held in the Club House, 295 Sherbourne Street, Toronto—the President, Miss Madden, in the chair. The following members were present: Miss Jamieson, Miss Mathieson, Miss Jackson, Miss Flaws, Miss Allan, and Miss Dickson.

The arrangements for the Annual Meeting to be held on May 24th next, were discussed, and it was decided that for this year the meeting should be held in Toronto, and arrangements are being made for a series of practical demonstrations and clinics which will be of interest to the Private Duty Nurse. It is hoped that an operation may be arranged for the meeting, where the nurse may have the opportunity of seeing the technique now in use. It was felt that many nurses would appreciate such a clinic, especially those who have for some time been away from institutional work. It is also hoped that a series of informal talks will be arranged on the subject of Public Health Nursing, School Inspection, and Social Service. This meeting can only be made a success if each member will do her utmost to attend.

On March 31st, the Special Committee on Legislation appeared before the Medical Commission in reference to Nurses' Registries. The following is an extract from the statement made by the convenor of the committee:

"This matter of registries opens up a wide field, and from the standpoint of the public, one for very serious consideration.

"The term 'Nurses' Registry' means to us merely an employment bureau for nurses. Here a nurse may, under certain regulations, register with the understanding that she will be recommended for, and notified of, employment for duty in an institution or a private

family. In the City of Toronto we have sixteen registries listed in the telephone book under the name of 'Nurses.' Some of these are reliable, and some quite the reverse. The higher the requirements of the registry the better its reputation, and at the present time this reputation is the only guarantee that the public has as to the kind of nurse that is here available for employment. It appears that in Toronto these registries are a law unto themselves. As far as we can ascertain, any person with a telephone can establish a registry without restrictions, save those of the Telephone Company.

"One registry gave the information that a small annual fee had to be paid to the Police Department. The Department was called next day for some information regarding the regulations in connection with establishing such a registry. We were told that no information would be given over the telephone, that a personal application was necessary. One of our committee made a personal application, and after being sent from one department to another, she finally found an official who said that he believed that he did remember something about such a fee, but he wasn't quite sure.

"On some of the registries in Toronto, and I have reason to believe that the condition is not peculiar to Toronto, almost any woman who applies may register and be recommended. For example: A girl of eighteen, with six to eight months' training, leaves her school. She is sent out by the registry highly recommended for the care of a case of typhoid. This registry had no knowledge of the experience or amount of training this young woman had had, nor did they make an effort to find whether she had even left the school voluntarily, or had been discharged for some cause, and as a matter of fact, this nurse had never even seen a case of typhoid, nor had she even the theoretical instruction in this disease and its many serious complications. These women are much more dangerous to the community than is the practical nurse, who does not pretend to be anything more, and who is often very valuable in helping care for the sick. Another nurse, who being unsatisfactory, was expelled from a training school of one of our hospitals after a few months' training. She posed as a graduate, was sent out from her registry as such, and collected the same fee as a graduate nurse.

"While the fully qualified nurse does not desire to interfere with the maintaining of registries for other than qualified nurses, it would seem to be desirable that these nurses be not allowed to register where they please. There should be some designation so that reflection might not be cast on the work and deportment of a qualified nurse. It would be an advantage if all registries were required to indicate in their name the professional standing of the nurses they are to supply. For example:

"(1) Registries wishing to supply graduates not eligible for

registration, or partially trained nurses, should in some way indicate that this class only is available.

"(2) Registries wishing to supply undergraduates or untrained or practical nurses, should likewise indicate that this is the kind of nurse available.

"(3) If the government would set a standard, as has been before suggested by the Ontario Association, and all nurses eligible under that standard be given some designation such as 'Registered Nurse,' a registry might be established in any locality, and none but registered nurses could be accepted on such a bureau.

"(4) No mixed registries should be allowed.

"In communities where there is only one hospital, this hospital usually establishes a registry and has enrolled graduates of its own school, and any outside graduate who may wish to be enrolled, providing she can show credentials which conform to the regulations of such a registry. This does in a great measure protect the public. In Toronto there is only one registry controlled by a committee of nurses. This bureau is known as the 'Central Registry of Graduate Nurses,' and if your Lordship would care to know how this is conducted, Miss Ellis, the secretary of the committee, will be glad to outline briefly the method of its management."

In connection with the suggestion by Mrs. Yearsley, of Windsor, the feeling of nurses generally is that it is undesirable that the affairs of the profession should in any way be subject to political influence.

It was suggested by Mr. Armstrong, Assistant Provincial Secretary, that the most desirable plan would be to have one Central Registry, this to be under the control of the local Officer of Health, and that all nurses desiring to nurse register at such a bureau, and then dispense with all other registries. It was further suggested that this Central Registry be regulated by a central provincial governing body. The details for the working of such a plan were not gone into, and the Special Committee of the Graduate Nurses' Association of Ontario, dealing with this matter, hopes to arrange in the near future for an interview with Mr. Armstrong in regard to this matter.

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que., or 1300 Venables Street, Vancouver, B.C.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL

President—Miss Phillips, 750 St. Urbain St.
First Vice-President—Miss Colley, 23 Hutchison St.
Second Vice-President—Miss Dunlop, 209 Stanley St.
Secretary-Treasurer—Miss Des Brisay, 638A Dorchester St. West.
Registrar—Mrs. Burch, 175 Mansfield St.
Reading Room—638A Dorchester Street West.

The monthly meeting of the C.N.A. was held in their new quarters, 638A Dorchester Street West, on Tuesday evening, April 4th, when Mrs. Scott delivered a most interesting lecture on suffrage, giving reasons why women should have the vote. In the first place, men have no right to withhold it; secondly, women are citizens the same as men. They have to abide by the laws men make, and while it is denied them to even place their foot on the bottom rung of the ladder of government, men forget that they allowed a woman to be at the top of the ladder—surely there never was a more womanly woman than Queen Victoria!

Third: Woman does as much for the State as man—maternity is surely the greatest service.

Fourth: Women are as intelligent as men. True, we find fools in both sexes. How frequently we find that women take honors in our colleges, and surely they are a success in business. Take Hetty Green for example.

Fifth: It has been a success wherever tried.

Some of the objections—First: Home is woman's sphere, but what about women who have no home? Why disenfranchise them? Second: Women are represented by their husbands, this is if they have husbands. Third: Women are not as intelligent as men. Fourth: Women don't want the vote, they would not use it if they had it. But how often have they to urge the men to do their duty in that respect? Fifth: That the vote would unsex women. But that is not so. Women take part in all sorts of sport, which at one time was thought would produce the same result.

One of the chief results of the franchise being given to women would be better legislation and the lives of women and children would be much improved.

CHIEF SUPERINTENDENT'S REPORT, 1915

The report of the Victorian Order of Nurses for Canada for the year 1915 is a good one, containing the story of splendid work accomplished and replete with hopeful plans for future activities.

The war has affected the Order in several ways—our increases are not as great and we have not opened up new districts in cities, many of which were ready to organize when the war broke out. In many of the districts the Order is being used and appreciated more than ever before, and doubtless that will be still more noticeable as time goes on and after the dogs of war have been effectively chained.

From the returns received, we find that during the year our nurses in the hospitals and districts have cared for 44,175 patients, and the district nurses have paid 308,548 visits, 9,963 of which were in response to night calls, 1,204 days' continuous nursing was reported and 49,809 hospital days. Of the visits cited, 4,426 were pre-natal, 10,271 child welfare, and 2,679 were school inspection visits. These figures show an increase of 6,280 patients, of 437 night calls, and of 567 days' continuous nursing over last year's figures. Seventy-three nurses were admitted into the Order, ten were re-admitted, and seventy-one resigned. Of these, twenty-eight resigned to go overseas, seven to be married, seven on account of ill-health, three were claimed by death, seven were discontented, eight were unsatisfactory, eight wished to take up other work, three were needed at home.

The total number of nurses now working under the Order is 292, an increase of twelve during the year. They are distributed as follows: Victorian Order Nurses in the districts, 180; Victorian Order Nurses in the hospitals, 38; nurses pursuing a post-graduate course in the training centres, 33; nurses-in-training in the hospitals, 38; and three on the Central Board Staff, the Chief Superintendent, the Assistant Superintendent, and the Assistant Inspector.

One hundred and eighty-nine visits of inspection were made, 75 by

the Chief Superintendent and 114 by the Assistant Inspector, and 24 visits of organization, 23 by the Chief Superintendent and one by the Assistant Inspector.

Seven new branches have been opened, viz.: Country districts at Pointe au Pic, Quebec; Cut Knife, and Central Butte, Sask.; Rollinson and Cereal, Alberta; a separate district has been formed at Kingsway, B.C., formerly part of the South Vancouver Branch, and the new Lady Minto Hospital, at Cochrane, Ontario, will be formally opened this month.

Seven branches have increased their staffs during the year, viz.: Halifax, St. John, N.B., Dartmouth, Toronto, Brantford, Winnipeg, and Edmonton. With very few exceptions the work throughout the Dominion has been well done, and there has been marked progress in several very important lines.

I should like to run hurriedly through the various branches, with a short note on each, earnestly trusting that later their representatives will go more into detail and supply the local coloring which means so much to a proper understanding of this Dominion-wide work.

Starting in the East, the Harrington Harbor Hospital, in Labrador, which was closed for a part of the year, re-opened in July, and from accounts received they are very busy there. In the Maritime provinces there has been marked activity. Dartmouth, less than three years old, has added a second nurse to the staff and has started school inspection. The work done there has always been of the highest order, the nurses are appreciated, and the committee keep in close touch with them and second their efforts, hence their excellent results.

Th Halifax District has again had a good year, has added another nurse to their staff—making six. They hope, with this addition to their staff, to do still better work in saving the babies to health by means of more pre-natal care and follow-up work. It is a large order, as one-third of all the babies born in the city, outside of institutions, during the year, were attended by the Victorian Order nurses.

Canso has had a very good year. The Truro district is always interesting. They have done splendid work. At the beginning of the year a second nurse was added to do the country nursing and school nursing in town and country. This has proved most satisfactory, and the report for the district is most illuminating, showing that 841 patients were cared for and 2,499 visits made, an increase over last year of 480 patients and 1,420 visits.

The same increase of usefulness is possible for most of our districts, would committees face the problem.

In Yarmouth the work has been very satisfactory, showing an increase of 51 in number of patients, 447 in number of visits, and a marked increase in the pre-natal and child welfare work. Next year I

trust I shall be able to report that the school nursing is being done in this district.

The Sydney district, including Whitney Pier base, had a successful year.

The development in the St. John district is very marked; 692 patients were treated, an increase of 222 over last year, and 5,892 visits were paid, an increase of 1,251. An extra nurse has been added to the staff in charge of the work in the West End.

The Westmount branch has continued its good work in the district, and also through the hospital social service worker in connection with the Western Hospital. This committee has also furnished a ward in the Soldiers' Convalescent Home.

The Lachine district has had a fairly satisfactory year. A great deal more might be done there in connection with child welfare and school nursing. Sherbrooke has had a very good year—has had increases in number of patients and visits. More pre-natal and child welfare work is needed there and a continuation of the school nursing.

The country district at Gaspe is doing well. The Ste. Anne de Bellevue district reports a good year. Attention is being given the babies through the milk station and child welfare visits. The Grand Mere district is satisfactory.

The Montreal district has had a busy and very hard year, but notwithstanding they have been able to report expansion and increases in work done.

Besides the practical nursing work, Montreal has been active in social service development and in relief work.

The nurses do the work for the Metropolitan Life Insurance Company, the Bell Telephone Co., the Northern Electric Co., School Nursing under the city and in the Outremont schools, and Dispensary work at the Montreal Dispensary.

The work with the University and Iverley Settlements is worthy of note, and in connection with the milk stations clinics are held and instruction in home hygiene and the care of children is given, the effects of which are very far reaching.

During the year several of the nurses took the course in family rehabilitation work under the Charity Organization. A shorter course, which every post-graduate student might have, would be a wise arrangement.

The Ottawa Committee report a good year. There has been a broadening of their interests in connection with the Settlement, Day Nursery, the Mothers' Union, and the Y.M.C.A. of Hintonburg. Talks were given by the nurses to mothers in the district on pre-natal care and care of their children.

The post-graduate students are receiving the practical training in district nursing and a short course in school nursing, milk station

work and settlement or neighborhood house work. The lecture course leaves much to be desired.

The Cornwall district has had a busy year, the records showing that 1,949 visits have been made. In Brockville the same good work is reported—the nurse made 2,201 visits, an increase of nearly 400. Towards the close of the year, on the request of the Metropolitan Life Insurance Company, the committee undertook the nursing care of their policyholders in the industrial department. The Kingston, Arnprior, Galt and Gravenhurst districts are doing well.

In Whitby there has been a good deal of activity. A second nurse has been added to the staff, and the school nursing is being done there most efficiently. The committee secured a small house for a Nurses' Home, which has added much to the comfort of the nurses. Their plans are for a larger home, with accommodation for several patients, and from which social service work may be done. These plans are admirable, and it is hoped the committee will be able to put them into force during this year. We can never have too many committees with vision.

The report of the Rosamond Memorial Hospital, in Almonte, is most gratifying, showing an increase in number of patients treated and in number of hospital days. The secretary draws attention to the fact that 96 per cent. of the patients admitted recovered. The district work in Almonte is attended to from the hospital, and in this branch, too, considerable increases are reported.

Hamilton, Brantford, London, Stratford, Dundas, Woodstock, Owen Sound, Berlin, Preston, Hespeler and Bobcaygeon all report good progress. Hamilton has had a very busy year, but notwithstanding that they have been able to make more pre-natal and child welfare visits than last year, but considering the large number of obstetrical cases, there should be still more attention paid to those most important preventive measures. Brantford, too, has had a very busy year. In July a fourth nurse was added to the staff to do child welfare work. The Social Service League paid for this nurse's services, and very much benefit has come from her work among the mothers and babies. During those six months the nurse made 1,627 visits. The London district has had an exceptionally busy year and reports 5,640 visits, an increase of 1,020 visits since last year. Not enough attention has been given to the preventive side of the work, but when the fourth nurse is added—the order for whom is in—that side will be well looked after. The Stratford district has been too busy for two nurses, as the daily average hours on duty has exceeded eight. 3,036 visits were made as against 2,804 last year. Dundas has had a good year. The nurse is doing splendid work in the schools, besides her general nursing work. The Woodstock district, one of our newer branches, is doing excellent work, as, also, is the Owen Sound district, which opened about the same

time. Berlin has had a very successful year. One nurse only has been employed since June, but the indications are that the second will be needed again in the very near future. Preston has had a successful year. The question of school nursing has been mooted there and will most likely be taken up when the war clouds roll away. Hespeler keeps up its good record. The report of that district shows an increase in number of patients and visits. The school nursing is being very ably handled and is being appreciated more and more. The Bobcaygeon district is doing well. The school nursing is now in high favor there. The committee is taking steps to extend the nurse's field of usefulness by having her respond to country calls and inspect children in the schools in the country within a radius of eight miles.

The Toronto branch has made great advances during the year. The staff has been increased from 16 to 27, and the returns show an increase of 250 patients and of 1,766 visits. At the opening of the present year the committee agreed to care for the industrial policy-holders of the Metropolitan Life Insurance Company. As there are in the city of Toronto between 80,000 and 90,000 such policyholders, the importance of such a decision on the part of the Toronto Committee will appeal to you all. The Toronto branch is one of the Training Centres of the Order, and during the year have put into force the program of training laid down by the Executive Council. The future of this branch is very bright.

The hospitals at North Bay, New Liskeard and Chapleau are doing well, as likewise the districts at Cobalt and North Bay. Cobalt reports an increase of over 500 visits.

The Winnipeg branch has had a most successful year. They report increases in number of patients of 621, of visits of 861, and in December a second nurse was placed in the North End, making a staff of eight nurses.

The other branches in Manitoba, viz., hospitals at Shoal Lake, Swan River and Minnedosa, and the country district at Roblin, have had a good year. The Minnedosa Board reports it the best year in the history of the institution. It is gratifying to learn that since last March the Hospital Board has been in a position to pay their accounts as they go along. To quote the secretary-treasurer: "We are on a cash basis for the first time since our hospital opened." This condition of affairs has been brought about by close attention to the business of the hospital, and by the hearty co-operation of town and country workers. The hospitals at Yorkton and Melfort report a very satisfactory year. The Saskatoon district has had a specially good year. The new country districts at Jedburgh, Hyde Park, Paynton, Fairlight and Cut Knife have done very good work, and several of them are working on plans for Nursing Homes.

The districts at Calgary and Edmonton have made good progress

this year. The Calgary district reports increases—in number of patients an increase of 116, and in number of visits an increase of 919. In Edmonton an extra permanent nurse for child welfare work, specially, was added to the staff in July. This is an important forward step. Edmonton reports, too, an increase of 648 visits.

The hospitals at Ganges, Quesnel, Revelstoke and Kaslo have had a satisfactory year on the whole. During the year a new wing was added to the hospital at Ganges. This has made it a very satisfactory building. The hospital at Ashcroft had a fairly busy year, but the Board found it so difficult to finance in view of the unsettled financial conditions that they decided very reluctantly to close the little hospital for a time at least, unless the Central Board would undertake to keep it open. After careful consideration, the Executive Council decided to try the experiment of keeping it open as a Nursing Home, managed and financed from Ottawa. That experiment is now being put into force, and it is hoped that it will succeed, and so the people of that locality needing care will not be deprived of good hospital accommodation and skilled nursing.

The districts at the Coast—Victoria, Vancouver, North Vancouver including Capilano and Lynn Valley, South Vancouver, Kingsway, Burnaby, Richmond, and New Westminster—are doing well, as usual. Victoria has had a busy and very successful year. They report 152 more patients and 1,579 more visits than last year. This branch is now doing the nursing for the Anti-Tuberculosis Society. The nurses are comfortably housed in their little home. The Head Nurse is the proud possessor of an automobile, which she uses on the district, and as we whirled through the streets, I glimpsed in the future the important part the automobile is to play in connection with Victorian Order activities.

Vancouver keeps up its good record. The district has not been quite as busy as in other years. As a Training Centre, it is carrying out the directions of the Executive Council. North Vancouver has had a satisfactory year. 2,626 visits were made. There has been a slight decrease, owing to the Indians having been removed to their new Reserve at Squamish. In South Vancouver there are now two local associations, one at South Hill, the other at Kingsway. It was deemed advisable to have these two separate associations, rather than to adhere to the preliminary arrangement of one main Committee with an Auxiliary. By the new arrangement each district will be able to develop its own activities to the full, and at the same time they will have the bond of good fellowship which unites all of our branches, and may meet and confer to their mutual improvement. Both branches are doing splendid work, not only in actual nursing and preventive lines, but also in connection with relief work. The past two years have been hard ones for many.

Burnaby, including North, East and West Burnaby, has had a very successful year. There have been increases in patients and visits and attention has been paid to pre-natal and child welfare work. The New Westminster and Richmond branches, though not very busy districts, are doing what work is there, and are doing it well.

And so, as they pass in review, we find much of intense interest. Much hard work has been done, often in the face of real difficulties, opposition and indifference; progress has been made, and high standards vindicated, and though we do not pretend that everything is as it should be, still, we may say, nor fear to have it challenged, that this year the forward march is good, the workers have vision, and so our hopes are high that the Order will take her place and keep it in the front rank with those other agencies which are working for the welfare of our people.

I wish to make special reference to the country nursing scheme of the Order. During the last two years the most important developments of the Order have been made in this branch of our work. The plan is too well known to you all to need repeating. There have been and still are many difficulties, but most of them are vanishing. The difficulty of reaching the people in order to interest them has been largely overcome by the splendid help given by the Women's Institutes and the Grain Growers' Associations. By attending and addressing the conventions of the Home Makers' Clubs of Saskatchewan, the Home Economics Societies of Manitoba, and the Women's Institutes of Vancouver Island, I was enabled to reach hundreds of women representing many localities, most of which are in need of some settled plan for supplying nursing care to their people. The outcome was that many meetings were arranged for in those provinces, Committees were organized, and the nurses are already at work in many of them, and are doing untold good. I should like to quote, in this connection, an extract from a letter from a doctor in the West: "The people living in the above district (Hyde Park) are many miles from the nearest doctor, and as it is a comparatively new district many of the homes are, to put it mildly, very modest. In some cases, in fact, the nurse is fortunate in having one tin basin for solutions when conducting maternity cases. It would take too long for me to go into details concerning the work Miss Skuse is doing, and I think one incident will illustrate it fairly well. Last summer I was called out there to see a baby that was ill, and on arriving I found Miss Skuse there before me, doing all she could for the infant (4 a.m.). After I had finished attending to the baby I happened to notice that the nurse had a number of contusions on one side of her face and a very black eye. The homesteader informed me that two or three days before she had been pitched out of a buggy in a runaway escapade, while going to see another patient. Most people would have taken a few days' rest to recuperate, but she had gone on with her

work as usual, because she couldn't very well be spared, even for two or three days. That is the type of nurse they need out in that country, and I consider them unusually fortunate in having her. Indeed it is to be hoped before very long all our Northern districts may have nurses of that calibre."

It was difficult to have the people on the whole appreciate the great importance of the preventive side of the nurse's work. So long as people were actually ill and required bedside care, they saw the need of a nurse, but beyond that they did not go. That is, however, changing, and last summer I was surprised at the advance made in a year, as indicated by having such remarks made at my meetings as: "Let us have the nurse, if only for the school work," or "Let us have her, if only for the work with the babies," and so on. This shows that there are agencies at work spreading the gospel of prevention. A great deal has still to be done, however, for in our new districts it is always difficult to have arrangements made whereby the nurse may have at her disposal some means of conveyance whenever she has spare time to give to investigating conditions and teaching the people with a view to preventing sickness and unhappiness. We have at present nineteen country districts under the Order, eleven of which have been opened during the last two years. These have only one nurse in each so far, but it is to be hoped that before next meeting there will be several Nursing Homes with two nurses in operation.

One great truth that has been borne in on me very forcibly in connection with investigation work in rural parts, is that something should be done, and done speedily, in connection with our foreign population. The general attitude of the Canadian people towards the foreign element is a negative one and the bad effects of such an attitude are already apparent. As there is, as it were, a barrier raised between the foreign-born and the English-speaking, it is very difficult for the nurses to reach foreigners, and their need is very great. This is especially true of the women. So few of the foreigners employ doctors, and their horror of a hospital is not at all complimentary to those institutions. In one district, when a member of a Committee urged the husband to send for a doctor for his wife, who was desperately ill, he replied: "No, too much money, I get another wife for five dollars," and I am told that a widower of more than six weeks' standing is unknown. The women are married very young—thirteen being a favorite age—and very few live beyond thirty. They die, exhausted by hard labor, too frequent child-bearing, and, too often, brutality, abuse and poor food. Life is held very cheap, especially woman and girl life. There are hundreds of women who have been in this country for twenty years and more who cannot speak English. Their husbands can.

In some parts their hovels—you could not style them houses—are filthy in the extreme; there is overcrowding, no care given to clean-

liness, and when contagious diseases break out they spread all over the settlement.

There are two elements that mean much in the solution of the problem, one is proper legislation—which is enforced—with reference to the marrying age of women, to the housing problem, to the observation of quarantine rules, and to the qualifications of voters—every voter should be required to know English. The second is the Social Service element, and is the chief element in solving the problem of the women. Those foreign women, instead of being shunned by our women, should be welcomed to the land, should be visited and helped with sympathy and kindliness. They should be shown that their sisters are being killed forty years before their time, that their babies should be healthier, and that fewer of them should die; they should be taught how important cleanliness, good food and proper rest are in conducing to their happiness. They should be made to know themselves and to know their value. They should be welcomed into the Women's Clubs and given part in the proceedings whenever possible. Many of them are very bright and respond quickly to kindness, they are ambitious to learn and to have things nice, so they would prove very apt pupils.

There is a wonderful work to be done and in it the district nurse is an important factor. Alone, she can do little, but with the co-operation of the women's societies she can do a very great deal. Nurses win their way straight into the human heart, be it ever so foreign, and, once there, always there. That element in our country nursing work must not be overlooked.

With reference to the Training Centre work, I may say that there has been an improvement in the training given. Toronto and Vancouver are the only ones that have complied with the regulations to the letter. In Toronto the students are receiving the practical instruction and experience on the district, have two weeks with the school nurses, one week's experience in investigation work in connection with child welfare and tuberculosis work with the City Hall nurses, and one week at the Evangelia Settlement, and are attending two lectures a week, given in connection with the Social Service Course at Toronto University. In Vancouver, they are having a similar course, but the nurses attend only one lecture a week, given by the workers in the various lines of work allied to district nursing.

I am still, however, of the opinion that in order to give the ideal course, arrangements must be made, so that the students' studies are in no way dependent on the exigencies of a district.

I wish to draw your attention specially to the increase in pre-natal and child welfare work. In the world-wide campaign against infant mortality these two preventive measures are of the greatest importance. I must, however, sound a note of warning, and that is, that the workers themselves and the Committees must see to it that these pre-

natal and child welfare visits do not degenerate into mere perfunctory visits, as there is a very great danger of their doing.

There has been a marked increase in interest in school nursing and in all of our country districts that work is being taken up.

The importance of the Insurance Nursing scheme, introduced by the Metropolitan Life Insurance Company, of New York, into Canada, is growing every year. By this scheme, district nursing care is given to the policyholders in the industrial department who are ill, and the cost of this service is paid for by the insurance company. By this arrangement the people are enabled to have the best nursing care possible and to feel that they are not accepting charity. It is a straight business-like arrangement. Besides, the company distributes excellent and attractive literature on health matters, having as object to instruct and so prevent disease and sickness. The company's standards are high. In Canada the Order is supplying this nursing care, the company reimbursing each Association for the service rendered. So far, this arrangement has proved mutually satisfactory.

It is with regret that we have to report that death has been busy among our nurses during the past twelve months. Miss Agnes Lynch, for twelve years the District Superintendent in Montreal, died after a short illness. She will be very much missed, as she was beloved in Montreal by all who knew her, by her nurses, and by the hundreds of poor, homeless and afflicted, to none of whom she ever turned a deaf ear. Early in the year one of our nurses in Montreal, Miss Edith Robinson, while walking along the street, was killed by a rock hurled through the air from where they were blasting. Miss Robinson had been with the Order for nine years, had given excellent service, and was a loyal and faithful worker. The third to be claimed was Miss Ellen Johnson, who, at the time of her death, was the Child Welfare Nurse in Brantford. Miss Johnson was devoted to her profession and was an earnest and loyal worker.

The office work, under Miss Drake, has been done with the usual efficiency and despatch. Miss Hall, the Assistant Inspector, is proving a very valuable assistant in inspecting and in helping to instal any new line of work in the branches. A second Bulletin was issued at the beginning of the year. This one is on Medical Inspection and School Nursing.

And, now, just one word before I close, to the Committees and nurses whose work I have been reporting. I need say very little more, excepting that we thank them for the good work they have done. I know how particularly difficult it has been this year to keep on calmly with their work, day in and day out, yet they have triumphed. So to our faithful Committees and nurses we say, "You have done well."

All of which is respectfully submitted.

March 2, 1916. MARY ARD. MACKENZIE.

HOSPITALS AND NURSES

British Columbia

The British Columbia Association of Graduate Nurses, at its meeting on March 4th, decided that the importance of the proposed bill providing for the registration of practicing nurses throughout the province, and the standardization of the training curriculum in the various hospitals, impelled the association to again press for its consideration at the present session of the Legislature. The matter was left to the decision of the executive of the association as to whether such action is to be taken.

The meeting convened in the lecture room of the Victoria Royal Jubilee Hospital Home at 8:30, with Mrs. Brown, of New Westminster, president, in the chair. The temporary appointment of Miss Randal, of the Vancouver General Hospital, a member of the executive of the Canadian Patriotic Fund in Vancouver, was made permanent by the approval of the meeting, and Miss Mackenzie, Superintendent of the Royal Jubilee Hospital, was appointed a member of the Canadian National Committee, which is investigating the curriculum and standing of the various training schools of the Dominion, with a view to making a recommendation for standard requirements. It was decided that the $25 annual contribution previously voted towards the fund for the taking over and publication of The Canadian Nurse by the Canadian National Association of Trained Nurses, should stand, since it was not deemed advisable to undertake to pledge the $85 asked by the parent association. Otherwise the business of the meeting was of a routine character.

The five members of the association which formed the out-of-town delegation arrived on the afternoon boat from Vancouver. They included Mrs. Brown, New Westminster, president of the British Columbia Association, and Mrs. Johnston and Misses Randal, Judge and Breeze, of Vancouver, the latter being the secretary of the association. They were met at the boat by a committee from the local branch, and, through the attention of the Misses Tolmie, of Victoria, were driven around the Beach Drive and given tea at the Empress Hotel. At the close of the session, the members present were the guests of Superintendent Miss Mackenzie and the nursing staff of the Jubilee Hospital at very enjoyable refreshments and an informal entertainment.

At the conclusion of the business of the session the nurses were given an address by Lieut.-Col. Lorne Ross, of the 67th Battalion. Col. Ross told them entertainingly of his experiences at the Front and of many of the details of particular interest to nurses. His impressions of war and of the nature of the conduct of the present titanic struggle from first-hand experience were matters of engrossing interest. Fol-

lowing Col. Ross, Mrs. McNaughton, formerly of Vancouver, gave a talk on the immense field for the general betterment of mankind opened up by the work of an organization of the kind represented at the meeting. Particularly in the every-day duties of the graduate nurse in the homes of the land, it was a privilege to contribute to new and better ideals.

Both the speakers were accorded a vote of thanks, and the gathering adjourned until the annual meeting, which is to be held in Vancouver on Easter Monday.

Ontario

Hamilton: Miss Gonalda Kelso (H.C.H.), of Wallacetown, has been appointed to the staff of the Kenora Hospital, Sask.

Miss Nora McPherson, H.C.H., who recently took a post-graduate course at the Harriet Lane Home, Johns Hopkins Hospital, has been appointed Supervisor of the Children's Wing, Hamilton City Hospital.

Misses A. C. Doyle, L. A. Morden, M. H Taylor and A. M. Cameron have been appointed to the staff of the Hamilton Military Hospital.

The nurses at home have been quite busy knitting and making hospital supplies. During February five boxes were forwarded through the Red Cross for overseas hospitals, containing the following: 1,350 yards gauze, 14 boxes adhesive plaster, 73 lbs. absorbent cotton, 20 stupe wringers, 1 doz. cards safety pins. One box was sent to the Canadian Army Dental Corps, containing 40 yards gauze, 15 lbs. absorbent cotton, 100 towels. Fifteen pairs of socks were sent by parcel post to Col. McLaren, and twenty pairs were donated to the 173rd Battalion.

The annual meeting of the Hamilton Chapter of the G.N.A.O. was held March 30th at the Nurses' Residence, City Hospital. Miss Madden presided, and the annual reports were read and adopted. Miss Madden was re-elected as chairman for the year and Miss E. L. Taylor as secretary-treasurer. Following the disposal of routine business, Dr. D. G. Storms gave an interesting address on the work of the Red Cross. At the close of the address, which was greatly appreciated, refreshments were served.

Miss Nancy Dunn, H.C.H., has left for overseas to join the Queen Alexandra Imperial Military Nursing Service.

Miss Mabel Dyce, graduate of St. Michael's Hospital, Toronto, has been given an appointment on the public school nursing staff of Toronto.

Miss Beryl Hayes, S.M.H., has been quite ill in St. Michael's Hospital. We are glad to say she is improving rapidly.

At the Nurses' Clubhouse, 295 Sherbourne Street, Toronto, on February 18th, the Riverdale Alumnae Association gave a dance for two of their members, Miss Edith Scott and Miss Gladys Sangster,

who leave shortly for duty overseas with the Ontario Government Hospital.

Miss R. McEllhevan, who has been nursing in Winnipeg, Man., is spending a holiday in Toronto with friends.

Mrs. Murphy (nee Piggott) is in town visiting friends and was at the dance given by the Riverdale Alumnae, February 18th.

Mrs. Gordon (nee Richardson), of Pickering, came down for the dance on the 18th at the Nurses' Clubhouse.

We are pleased to learn that Miss Rose Hully, who has been in charge of West End Creche for some time past, is recovering satisfactorily from pneumonia.

The regular meeting of Kingston General Hospital Alumnae Association was held in the Nurses' Home on March 14th, with Mrs. Crothers, vice-president, in the chair, in the absence of Mrs. Nicol, who was in Florida. The members of the alumnae and chapter continue to meet every Wednesday to sew for the Red Cross.

Mrs. S. Campbell, secretary-treasurer of K.G.H. Alumnae, spent two weeks in Toronto with her sister.

The Kingston Chapter of the Graduate Nurses' Association of Ontario was addressed on Tuesday, April 3rd, in the Nurses' Home of the General Hospital by Mrs. H. T. Coleman, of Kingston, who spoke in a very interesting manner on Red Cross work done by Great Britain and Canada during this war.

The Chapter voted the proceeds of its recent food sale to the Ramsgate Hospital in England, where wounded Canadian soldiers are being cared for.

Miss E. McArthur, graduate of Toronto Western Hospital, who has been assistant at Stratford General Hospital, has accepted the position of Superintendent.

A social evening was spent at Mrs. Bell's, 12 Oakmount Road, on March 3, 1916.

A knitting tea was held at the home of Mrs. MacLean, 664 Shaw Street, on February 18, 1916. Wool was supplied by the T.W.H. Alumnae Association.

A patriotic dance, under the auspices of the T.W.H. Alumnae Association, was held on Friday evening, February 25th, in Dovercourt Assembly Hall. Proceeds in aid of the 126th Battalion.

Mrs. Brown (nee Baker), Cottingham Street, gave an afternoon tea to the T.W.H. nurses who are going overseas. They had the pleasure of meeting the Port Arthur nurse. Sterling silver pencils were presented to the T.W.H. nurses.

Miss Jackson, Miss Crysler, Miss Gardiner and Miss Craig, graduates of Toronto Western Hospital, are going overseas to serve in the French Flag Nursing Corps.

Knitting teas are held weekly at the homes of the married nurses of the T.W.H. A program is furnished at each tea.

Miss Nealands has been ill in T.W.H.

Quebec

Miss Gilmore, who has been superintendent of the Royal Alexandra Hospital, Edmonton, Alberta, for some years, has been appointed by the Hospital Board, Superintendent of all three hospitals in that city, with assistant superintendents in each institution under her. Miss Gilmore is a graduate of the R.V.H., Montreal, and was at one time assistant superintendent of that institution.

It is with much regret that we hear of the serious illness of Nursing Sister Mabel Clint, in Cairo, Egypt. Miss Clint, who is a graduate of the R.V.H., Montreal, was in Lemnos for many months, where the work was most strenuous and the conditions, especially at first, such as to tax the strength and endurance of those engaged in it to the utmost. A cable received after the report of her illness says she is better and we hope for good news of her recovery soon.

Miss Edith Stuart, graduate of the R.V.H., Montreal, who, after three months' volunteer service in La Panne last summer, is now on the staff of the McGill Hospital, has, we regret to say, been very ill with pneumonia. She was at the Duchess of Connaught Hospital, at Cliveden, while the McGill Hospital was being moved to Boulogne, and was ill there. She had, needless to say, every care, and we are glad to say has now quite recovered. She was granted two months' leave and when last heard from was recruiting her strength in the Isle of Wight. At the end of two months she hopes to return to her work in France.

The Alumnae Association of the R.V.H., Montreal, in view of the many needs of the present time, have again decided not to give their usual dinner to the graduating class; instead they will have an evening of five hundred and bridge, with music and refreshments on the evening of April 5th. The money which would have provided the dinner is to be sent through the Edith Cavell Chapter of the Daughters of the Empire, of which Miss Hersey is the Regent, to Lady Drummond, in London, to provide comforts for the Canadian prisoners in Germany.

The Industrial Nurses' Club, which was organized in October, 1915, and which holds its monthly meetings at 3 Joy Street, Boston, adopted its constitution and by-laws at the recent meeting, March 14th, 1916, Miss Nathalie Rudd, president (of the Plimpton Press, Norwood), presiding.

The objects of the club are set forth as follows:

To discuss problems relating to the health and well being of workers in industry, particularly those problems of hygiene, sanitation, etc., which come within the province of the nurse.

To develop, through discussion, an efficient and practical standard for the nurse in industry, including: The personal and professional qualifications of the nurse. The methods of furthering "prevention" of illness.

To stimulate, through the work of the club, not only the enthusiasm of its members, but the interest of the general public and particularly of employers, to a fuller understanding of the value of the work of the nurse in industry.

Any nurse, who is a graduate in good standing of a recognized training school, and who is engaged by a corporation or by an individual in the interest of his employes, is eligible for membership, and will receive on request an Application for Membership Form by communicating with Miss B. Magee, secretary-treasurer, 215 First Street, East Cambridge, Mass.

Realizing the importance of the teeth and mouth infections to systemic disease, the Faculty of the College of Physicians and Surgeons of Columbia University, New York, have unanimously voted in favor of the establishment of a dental department, to be connected with the medical school. A committee of prominent dentists of the city have presented plans to the Medical Faculty, which have been approved.

The school of dentistry will be closely associated with the medical school and the admission requirements will be the same as the medical. The course will be four years, the first two years the same as those in medicine, thus giving the dental student a thorough knowledge of the fundamental sciences necessary to the practice of a specialty of medicine. At the end of the second year the dental student will give all his time to the study of dental subjects, namely, operative dentistry, prosthetic dentistry, oral surgery and oral pathology, orthodontia, etc., and the more technical part of the work required for the well trained dental surgeon. This new school will be the first university dental school in New York City and the second in the State. It will give the first four-year course of dentistry ever given in the Empire State.

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Forcing muscles into disuse and weakness

Fig. 2.—PARALLEL WALKING
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The difference in mechanical advantage between the straight and everted walks is shown in Figs. 1 and 2, which are instantaneous photographs of the same model, a fairly well developed person in the act of walking. The second shows strength, grace and elasticity; separation of the toes and broadening of the front of the foot. The other shows a lowered arch and a heavy inelastic gait, in which the leverage is replaced by a push with the inner border of the foot, which border is rendered convex and compelled to bear most of the body weight.

When the everted gait becomes habitual it in turn leads to further weakness of the muscles; for with the foot in this position it can only act as a support and not as a lever, and the muscles are consequently forced into disuse. This position stimulates pronated or flat foot. Prolonged standing is frequently the cause of flat foot, while correct walking is never.

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By Mary Mills West

A new banner waves in our city to-day,
A banner just newly unfurled.
But the message it brings
On its blue and white wings
Is as old as the dawn of the world.

Joyful the tidings this banner proclaims:
"A baby lives here," is its song.
To his presence give heed;
Take account of his need;
Make right for him all that is wrong.

From the dawn of the world to the dawn of to-day
Man's hope in a baby has lain.
For the smile on his face
Is the goal of the race—
Through darkness and infinite pain.

We hail thee—the babes of our city—to-day,
And pledge thee our faith to the end!
Wherever they need
With thought and with deed,
Thy uttermost kingdom defend!

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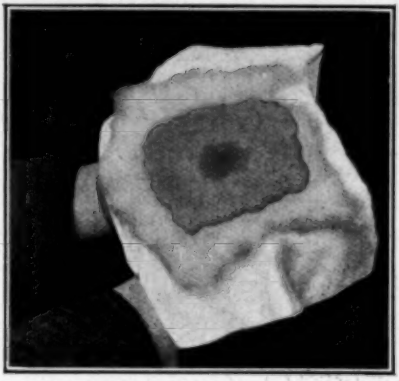

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